

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	scribble						52						
3	scribble						53						
4	scribble						54						
5				/		/	55						
6				/		/	56						
7	/				/		57						
8	scribble				/		58						
9		/		/		/	59						
10		/		/		/	60						
11	scribble				/		61						
12	scribble				/		62						
13	scribble				/		63						
14	scribble				/		64						
15		/		/		/	65						
16				/		/	66						
17				/		/	67						
18				/		/	68						
19				/		/	69						
20				/		/	70						
21			/		/		71						
22				/		/	72						
23				/		/	73						
24				/		/	74						
25				/		/	75						
26				/		/	76						
27			/		/		77						
28				/		/	78						
29			/		/		79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4		4		TOTAL IND.						
TOTAL DEP.			16		17		TOTAL DEP.						
TOTAL CLAIMS					21		TOTAL CLAIMS						

BEST AVAILABLE COPY